Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVS4981HHA		B. WING		08/27/2010	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
UNITED H	OME HEALTH CARE, LL	С		ARLESTON B S, NV 89109	BLVD STE 20		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	E ACTION SHOULD BE TO THE APPROPRIATE	
H 00	INITIAL COMMENTS			H 00			
	a result of a Focus St. conducted in your fac on 8/25/10. This survaccordance with Neva Chapter 449, Home FA Plan of Correction (The POC must relate and prevent such occintended completion cestablished to assure be included. The number of undup past twelve months w	ility on 8/23/10 and finate was generated in ada Administrative Codlealth Agencies. POC) must be submitted to the care of all patier urrences in the future. I dates and the mechanist ongoing compliance must be submitted to the care of all patier urrences in the future. I dates and the mechanist ongoing compliance must be submitted to the care of all patiers.	ed. ets The sm(s)				
	Two home visits were The findings and cond by the Health Division prohibiting any crimin	ecords were reviewed.	l as				
		under applicable feder	al,				
	The following deficien	icies were identified:					
H139	449.776 Director of P	rofessional Services		H139			
	(a) Direct, supervised services provided by to (b) Develop and the care of the patient manuals.	ressional services shall vise and coordinate the es and other therapeuti- the agency. revise written objective ts, policies and procedu-	c s for ure				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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NAME OF DE	OVIDED OD CLIDDLIED	NVS4981HHA	STREET AND	 RESS, CITY, STA	ATE ZIP CODE	00/2	27/2010
NAME OF PR	ROVIDER OR SUPPLIER			ARLESTON B			
UNITED H	OME HEALTH CARE, LL	С		S, NV 89109	STE 20		
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H139	Continued From page	e 1		H139			
	Ontinued From page 1 of jobs. (d) Assist in the recruitment and selection of personnel. (e) Recommend to the administrator the number and levels of members of the nursing staff. (f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients. (g) Evaluate the performance of the nursing staff. (h) Assist in planning and budgeting for the provision of services. (i) Assist in establishing criteria for the admission and discharge of patients. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure they documented the continuing education provided to 5 of 5 Certified Nurse Assistants, (Employee #1, #6, #9, #10 and #12). Also the agency failed to ensure that 3 of 3 employees who were eligible for an annual performance appraisal received one, (Employee #8, #13 and #14).						
H147	449.782 Personnel Po	olicies		H147			
	policies concerning the responsibilities and concerning the responsibilities and concerning the responsibilities and concerning the required by law. The reviewed as needed a members of the staff. The personnel policies 1. Wage and hour policies 1. Wage and hour policies regulation is not responsible to the responsibilities.	onditions of employmer el, including licensure it written policies must be and made available to t and the advisory group s must provide for:	nt for f e he s.				

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UNITED H	OME HEALTH CARE, LL	С		ARLESTON B S, NV 89109	LVD STE 20		
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H147	Continued From page	2		H147			
	failed to establish a written policy concerning employees' wages for all 14 employee files reviewed. Severity: 1 Scope: 3						
H148	449.782 Personnel Po	olicies		H148			
	A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 2. Eligibility for vacation, sick leave and other fringe benefits; This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to establish written policies concerning employees eligibility for vacation, sick leave, and other fringe benefits. Severity: 1 Scope: 3						
H154	449.782 Personnel Po	olicies		H154			
	policies concerning the responsibilities and conceach type of personner required by law. The variewed as needed a members of the staff at The personnel policies. A health record to be which must comply we	onditions of employmer el, including licensure it written policies must be and made available to t and the advisory group	nt for f e he s. cy for				

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UNITED H	OME HEALTH CARE, LL	С	3017 W CHAF LAS VEGAS,		SLVD STE 20		
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H154	hereby adopts by refer publication may be obto Technical Information Disease Control and I Department, 5285 Povirginia 22161, for the This Regulation is not NAC 441A.375 is herefollows: 441A.375 2. A medical facility, a home for individual care shall maintain suthe facility or home for tuberculosis infection employees must be accordance with their Centers for Disease Content of the Centers for Disease Content of the Center of the C	the state board of health erence. A copy of the obtained from the Nation. Service of the Centers Prevention Research of Royal Road, Springfile price of \$23.50. In the tas evidenced by: eby amended to read a facility for the dependence of the control and prevention in the ters for Disease Control of by reference in paragonal NAC 441A.200. In paragonal prevention in the control and prevention in the ters for Disease Control of the control and Prevention in the ters for Disease Control of the control and prevention in the ters for Disease Control of the ters for Disease Contro	al step in the	H154			

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H154				H154			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ter, iis and g the il and iraph f a ot est				
	(g) of subsection 1 of NAC 441A.200.7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening						
	specialist, if any, or to in charge of the medic facility has not design specialist, when any p	ptly to the infection con the director or other pe cal facility if the medica ated an infection contro oulmonary symptoms of tuberculosis are pre	erson I ol				

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H154	Continued From page	e 5		H154			
	the employee shall be	e evaluated for tubercul	osis.				
	Based on record review, the facility failed to ensure that 7 of 14 employee files contained evidence the employees were screened as required (Employee #2, #3, #6. #9, #10, #13, and #14).						
	Severity: 2 Scope:	2					
H169	9 449.791 Duties of Personnel			H169			
	1. A registered nurse shall: (a) Provide nursing guidance and care to patients at home. (b) Evaluate the home for its suitability for the patient's care. (c) Teach the patient and those in the home who nurse him how his care is to be given. (d) Supervise and evaluate the patient's care on a continuing basis. (e) Provide necessary professional nursing care.						
	Based on record review interview, the agency registered nurse super	of met as evidenced by: ew, policy review and failed to ensure that a ervised the care provide or 3 of 12 patients, (Par	ed by				
	evidence that the regi		d the				

AND DIAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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H184	Continued From page	e 6		H184			
H184	449.797 Contents of	Clinical Records		H184			
H186	hte person who will be involving the patient. This Regulation is not Based on record reviefailed to ensure patient address and telephor an emergency involving the involving the person was a support of the patient and the person was a support of the patient and the person was a support of the patient and the person was a support of the patient and t	s and telephone number e notified in an emerge of met as evidenced by ew and interview, the a not files contained the na- ne number of who to not ing the patient for 7 of 19 Patient #6, #7, #8, #9, #	ncy : gency ame, tify in	H186			
	Clinical records must contain: 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure the record included a recent clinical summary from a hospital, skilled nursing facility or other health service facility for 5 of 12 patients, (Patient #3, #7, #8, #11 and #12). Severity: 2 Scope: 2						
H188	449.797 Contents of	Clinical Records		H188			
	for heath care, if the	contain: durable power of attorn patient has executed su rsuant to NRS 449.800	uch a				

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H188	Continued From page	÷ 7		H188			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		gency ained able blding uch #12) the mg the ed #11). ms of	H188			
	met (Patient #9).						
	Severity: 2 Scope:	1					

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H192	Continued From page	8		H192			
H192	449.797 Contents of 0	Clinical Records		H192			
	occur. A written progrethe physician at least This Regulation is no Based on record revieugency failed to ensure	whenever unusual findiress note must be submevery 62 days. It met as evidenced by: It was and interview, The It that a nurse reported bettic medications to the patients (Patient #7).	nitted				
H196	449.800 Medical Orde	ers		H196			
	3. Orders must be specific regarding the level of care and the service given. 4. Medication orders must include: (a) The name of the drug. (b) The exact dosage in units, milligrams, grams or other measurements. (c) Frequency. (d) The duration of treatment. (e) The method of administration. (f) Any special precautions, including requests for doctor's orders for the use of adrenaline for possible anaphylaxis. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure the frequency of skilled nurse visits followed the plan of care for 5 of 12 patients, (Patient #6, #8, #9, #11 and #12).						
			gency				
	Severity: 2 Scope:	2					